

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS1955AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/21/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>LIBERTY RESIDENTIAL CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3060 LIBERTY CIRCLE S</b> <b>LAS VEGAS, NV 89121</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  Surveyor: 28778  This Statement of Deficiencies was generated as a result of the Complaint Investigation conducted in your facility from 12/24/09 to 1/21/10. This State complaint survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for ten (10) Residential Facility for Group beds for elderly or disabled persons and/or persons with chronic illnesses and/or persons with mental illness Category I residents. The census at the time of the survey was ten (10).  Complaint #NV00023976 was substantiated. See Tag Y0180 and Tag Y0593.	Y 000		
Y 180 SS=D	449.209(7) Health and Sanitation-Lighting  NAC 449.209 7. The facility must maintain electrical lighting as necessary to ensure the comfort and safety of the residents of the facility.  This Regulation is not met as evidenced by: Surveyor: 28778  Based on observation on 1/21/10, the facility did not provide adequate lighting in 1 of 4 resident bedrooms (Companion Bedroom #3 - No overhead light in the room. One bedside lamp with 40 watt bulbs provided. A resident stated she would like another light in the room.	Y 180		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 180	Continued From page 1	Y 180			
	Severity: 2 Scope: 1				
Y 593 SS=I	<p>449.268(1)(d) Resident Rights</p> <p>NAC 449.268</p> <p>1. The administrator of a residential facility shall ensure that:</p> <p>(d) The facility is a safe and comfortable environment.</p> <p>This Regulation is not met as evidenced by:</p> <p>Surveyor: 28778</p> <p>Based on observation and interviews from 12/24/09 to 1/21/10, the administrator did not ensure the facility was safe and comfortable for 10 of 10 residents by not maintaining appropriate facility temperatures.</p> <p>Findings include:</p> <p>Upon entry on 12/24/09 at 10:30AM, the furnace was not running and the facility felt cold.</p> <p>The thermostat located in the hallway was inspected. The thermostat was turned off. The following temperatures were taken throughout the facility:</p> <ul style="list-style-type: none"> <li>- A temperature reading in the hallway registered 66 degrees Fahrenheit (F).</li> <li>- A temperature reading in the solarium/sun room registered 65 F.</li> <li>- A temperature reading in the bedroom shared by three residents registered 65 F.</li> <li>- A temperature reading in the bedroom shared</li> </ul>	Y 593			

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Y 593	<p>Continued From page 2</p> <p>by two residents registered 65 F. - A temperature reading in the bathroom shared by three residents registered 65 F.</p> <p>Of the 10 residents living in the home, five were out visiting family for the holidays. There were three female residents observed wearing coats and sitting in the sun outside smoking. One resident was observed in her room on her bed.</p> <p>The solarium/sun room sliding glass to the dining area was open. The area was a converted patio and three of the walls were primarily made of glass. This area was colder and allowed for drafts.</p> <p>The caregiver asked the survey team if they were cold and needed the heat turned on. She then went to the thermostat and was observed turning on the central heat. The caregiver was interviewed in the facility about the temperature inside the facility stated, "when I clean I go here and around and I get hot. I turn off the heat."</p> <p>The owner arrived at the facility and was interviewed regarding the temperature inside the facility. The owner blamed the caregiver for turning the heat off without being told to do so. The owner discovered during the complaint investigation that the caregiver had been turning the heat off in the day time while she worked. The administrator was notified that the facility did not maintain temperatures from 68 F to 82 F.</p> <p>On 1/20/10 survey team returned to facility to interview remaining five residents. Surveyor interviewed Residents: #6, #7, #8, #9 and #10, who each stated they had been cold in the mornings due to the caregiver shutting off the heat or leaving the back door open while</p>	Y 593			

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Y 593	Continued From page 3  cleaning.  Severity: 3 Scope: 3	Y 593			

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